

# Supervision Standard

## 1. Accountability and responsibility

This Standard applies to physiotherapists who supervise the following people when they are involved in physiotherapy patient care:

- physiotherapy residents
- physiotherapists under supervision
- individuals who are not members of the College, including physiotherapy assistants, students and volunteers

In all cases, the supervising physiotherapist remains responsible and accountable for ensuring that the Standards of Practice of the profession are upheld when individuals under their supervision are providing patient care.

## 2. Restrictions in supervision

A physiotherapist cannot supervise a relative or a person with whom they have a close or intimate relationship.

## 3. Assigning care

When assigning care, the supervising physiotherapist must:

- assign only activities that he or she has the knowledge, skill, and judgement to perform.
- ensure that the supervised person has the knowledge, skill, and judgement to deliver safe and competent care.

## 4. Determining the level of supervision

The physiotherapist must adjust the level of supervision in accordance with patient need. Closer supervision is required in situations of higher patient risk.

Factors that influence patient risk include the patient's condition, the clinical environment and the abilities and experience of the person under supervision. Supervision may include direct observation, periodic chart reviews, discussions about the patient's condition, or other means of communication.

## 5. Supervising individuals who are members of the College

In addition to the expectations described in Sections 1-4, when supervising individuals who are members of the College, the supervising physiotherapist must:

- maintain records that demonstrate the adequacy of their supervision.
- ensure that the person being supervised does not perform any controlled act that the physiotherapist is not rostered to perform.

## 6. Supervising individuals who are not members of the College

When supervising individuals who are not members of the College, the physiotherapist remains responsible for all of the patient's care provided by the supervised person. In addition to the expectations described in Sections 1-4, the physiotherapist:

- must discuss the roles and responsibilities of the physiotherapist and the supervised person with each patient or their substitute decision maker. They should know the supervised person by name and title and give their consent to the care.
- must ensure that the supervised person's name and title appear on invoices whenever they have provided all or part of the treatment.
- must designate another physiotherapist that the supervised person can contact if the supervising physiotherapist cannot be reached. The alternate supervisor must be able to assume responsibility for decisions about the patient's care, have the knowledge, skill, and judgement to perform the supervised care, and be able to intervene when necessary.
- must immediately discontinue the supervised person's involvement in a patient's care if their actions place the patient at risk or if the patient withdraws their consent to treatment by the supervised person.
- must not assign any controlled act that has been delegated to the supervising physiotherapist by another health professional.
- must not assign the controlled acts of spinal manipulation, internal assessment or internal rehabilitation of pelvic musculature, acupuncture and communicating a diagnosis unless the supervised person is fulfilling the requirements to become a member of the physiotherapy profession. In such cases, direct supervision must be provided until the supervised person can perform the controlled act with a consistent level of competency.

Where a student was involved in providing care, the physiotherapist must ensure that patient records and related documentation completed by a student include the student's name and status, and the co-signature of the student's direct supervisor.

## Glossary

### ***Relative:***

A relative is a person who is related to another person in one of the following ways:

- spouse or common-law partner\*
- parent
- child
- sibling (brother or sister)
- through marriage (father-in-law, mother-in-law, son or daughter-in-law, brother or sister-in-law, stepfather, stepmother, stepchildren, stepbrothers or sisters)
- through adoption (adoptive parents or siblings, adopted children).

\*Common-law partners are people who have lived together as a couple for at least one year, or who have a child together, or who have entered into a cohabitation agreement.

***Controlled act:***

Physiotherapists who perform controlled acts under their own authority must roster for each of these activities with the College. These include:

- tracheal suctioning
- spinal manipulation
- acupuncture (including dry needling)
- treating a wound below the dermis
- pelvic internal exams (this includes putting an instrument, hand or finger, beyond the labia majora, or beyond the anal verge)
- administering a substance by inhalation

***Treatment:***

To determine whether the activity performed by the physiotherapist assistant was treatment, ask yourself if the activity was part of the physiotherapist's treatment plan, for example applying modalities, exercises, gait training, etc. Things such as tidying the treatment area, removing an ice pack or escorting patients to and from the treatment area would likely not be classified as treatment.